

Consumer Name _____

Employment Scenario: \$ per/hour x hours/week x weeks/month = \$ gross per month

UNEARNED INCOME SOURCE	AMOUNT	AMOUNT	AMOUNT	AMOUNT
RSDI (Retirement Survivors, & Disability Ins.)				
SSI (Supplementary Security Income) Look for 1619b status				
RR (Railroad Retirement)				
VA (Veterans Administration)				
OTHER				
SUB-TOTAL UNEARNED INCOME				
EARNED INCOME				
THERAPEUTIC WAGES (gross income)				
NET EARNINGS FROM THERAPEUTIC SELF-EMPLOYMENT (Gross sales – Business expenses = NESE)				
EARNED INCOME DEDUCTION (- \$65, then /2, then +\$65) Up to the SSI Standard for one - \$623				
SUB-TOTAL UNEARNED INCOME				
SUB-TOTAL EARNED INCOME				
TOTAL THERAPEUTIC INCOME				
DEDUCTIONS				
PERSONAL NEEDS ALLOWANCE \$643=SSI Standard +\$20 GIE (2007)	\$643	\$643	\$643	\$643
MANDATORY WITHHOLDING, i.e. minimum state and federal taxes				
INCREASED PERSONAL NEEDS ALLOWANCE	See SSI Sheet	See SSI Sheet	See SSI Sheet	See SSI Sheet
PASS				
IRWE				
BWE				
SPOUSE/FAMILY MAINTENANCE				
SMI (\$93.50 Part B Medicare Premium if deducted RSDI)				
HEALTH INSURANCE				
INCURRED MEDICAL EXPENSES				
TOTAL DEDUCTIONS				
THIRD PARTY PAYMENTS				
TOTAL INCOME				
TOTAL DEDUCTIONS				
TOTAL AVAILABLE INCOME				
TOTAL AVAILABLE INCOME ROUNDED				
AVAILABLE MONTHLY INCOME (Amount to be Paid to Provider—Share of Cost)				

This analysis of benefits is based on information provided by you and/or the agencies that administer your benefits. I strongly encourage you to verify information because Benefits Plus is not a government agency and does not have the authority to make decisions affecting your eligibility for benefits. It is your responsibility to notify the proper authorities of any changes in your circumstances that could affect your benefits.

Benefits Specialist Signature _____

Consumer Signature _____

Date _____